615 444 439	3	LEBANON HEAD	TH £ RE	H AB CI	ENTER	03: r^-29 p.m.	09-20	0-2010	3 /17
CENTER		AND HUMAN SERVICES & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A BL	JILDING	10	19/10 HON		FORM	: 09/02/2010 APPROVED . 0938-0391 URVEY ETED
		445268	B. W.	NG				09/0	1/2010
		IABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 731 CASTLE HEIGHTS COURT LEBANON, TN 37087						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PRE	FIX	(EACH C	IDER'S PLAN OF CO ORRECTIVE ACTION FERENCED TO THE DEFICIENCY	ON SHOU IE APPRO	ILD BE	COMPLETION DATE
F 319	21268, conducted of Lebanon Health an cited in relation to t PART 482.13, Req Care.	nvestigation number 25713, on September 1, 2010, at id Rehab, no deficiencies were the complaint under 42 CFR uirements for Long Term		319	F319 .				
SS=D	MENTAL/PSYCHO Based on the comp resident, the facility who displays menta difficulty receives a	prehensive assessment of a must ensure that a resident all or psychosocial adjustment appropriate treatment and the assessed problem.			displays men difficulty rec- services to ec The followin taken:	will ensure that res ital or psychosocia eives appropriate orrect the assessed ag corrective actio	al adjust treatment probler	ment nt and n. e been	
	by: Based on medical rand interview, the fapsychiatric services residents reviewed.	j			psychiatrist w medication re Social Service September 1 st continued to t discharged on	was evaluated anythom reduced the egiment on Septem e Director assessed, 2010. The socia follow the resident a September 8th 20	resident mber 1*, ed the res al service at until he 010	t's 2010. sident on e director e	
	August 27, 2010, w Suicidal Ideation, Pa Post Cervical Fusio two vertebrae toget Pneumonia requirin	admitted to the facility on ith diagnoses including aranoid Schizophrenia, Status in (surgery of the spine to join			On September and Social Ser chart audit of identify any re psychosocial a appropriate tre assessed probl	th the potential to efficient practice of 13th 2010, the Di rvices Director con all active residents who displadjustment difficulatment and servicem. No additional ave displayed men	will be in irector of impleted to fin the lays mentioned to continue to contin	dentified: f Nursing a 100% facility to ntal or I received prect the	

ORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

dated from June 1-August 27, 2010, revealed the

resident had multiple hospitalizations for

Pneumonia.

FORM CMS-2567(02-99) Previous Versions Obsolete

psychiatric services with multiple medication changes, surgery, and was on a ventilator due to

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

Event ID: KN6F11

(XB) DATE

identified to have displayed mental or

TITLE

problem.

Facility IO: TN9502

psychosocial adjustment difficulties without treatment and services to correct the assessed

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/02/2010 FORM APPROVED OMB NO. 0938-0391

NAME OF PROVIDER OR SUPPLIER LEBANON HEALTH AND REHABILITATION CENTER LEBANON HEALTH AND REHABILITATION CENTER STREET ADDRESS, CITY, STATE, IP CODE 731 CASTLE HEIGHTS COURT LEBANOM, TN 37087 PRETIX REQUIATORY OR LSC IDENTIFYING INFORMATION) F 319 Continued From page 1 Medical record review of the physician's orders from admission on August 27, 2010, to September 1, 2010, revealed the resident sound asleep and did not easily arouse when spoken to but took approximately one minute to respond when asked a question. Observation on September 1, 2010, at 2.00 p.m., of the resident stiding up in the wheel chair with the shoulders slumped, looking at the floor, had a slight body tremor, and the resident responded only when spoken to but took approximately one minute to respond when asked a question. Observation on September 1, 2010, at 8.00 a.m., of the resident staring up in the bed valid in front of the resident staring at the wall. Observation and interview with the resident to September 1, 2010, at 3.00 a.m., of the resident staring at the wall. Observation and interview with the resident or September 1, 2010, at 3.00 a.m., of the resident staring at the wall. Observation or attempted to eat the breakfast. Interview with the resident revealed "life"s not worth living" Contributed interview revealed the resident revealed to exceed the revealed to exceed the revealed to exceed the resident to help with the sad september 2, 2010, at 3.00 a.m., of the resident staring at the wall. Observation and interview with the resident free ponded only when spoken to but took approximately one minute to respond when asked a question. Observation and interview with the resident or September 1, 2010, at 3.00 a.m., of the resident staring at the wall. Observation or stempted to eat the breakfast. Interview with the resident than ont changed position or attempted to eat the breakfast. Interview mith the resident revealed the resident and the sad the			& WEDICAID SERVICES		N	OMB NO	0.0938-039
NAME OF PROVIDER OR SUPPLIER LEBANON HEALTH AND REHABILITATION CENTER LEBANON HEALTH AND REHABILITATION CENTER (A) ID SUMMARY STATEMENT OF DEFICISIONES TO BE COLORISES OF THE PROVIDER OF THE CARD			(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE	SURVEY
NAME OF PROVIDER OR SUPPLIER LEBANON HEALTH AND REHABILITATION CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH OEFFICIENCY MUST SE PROCEDED BY FULL TAG PREFIX (EACH OEFFICIENCY MUST SE PROCEDED BY FULL TAG PREFIX (EACH OEFFICIENCY MUST SE PROCEDED BY FULL TAG PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD SE CROSS-REPERENCE) TO THE APPROPRIATE DEFICIENCY PREFIX TAG PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD SE CROSS-REPERENCE) TO THE APPROPRIATE DEFICIENCY Observation on August 27, 2010, to September 1, 2010, revealed no orders for psychiatric services to evaluate and treat the resident's corn revealed the resident sound asleep and did not easily arouse when spoken to Deservation, on August 31, 2010, at 2:00 p.m., in the day area near the nurse's desk, revealed the resident sitting up in the wheel chair with the shoulders stumped, looking at the floor, had a slight body termor, and the resident responded only when spoken to but took approximately one minute to respond when asked a question. Observation on September 1, 2010, at 8:00 a.m., of the resident's room, revealed the resident string up in the bed vilh the breakfast tray setup and on the over the bed table in front of the resident, with the food untouched, and with the resident staring at the wall. Observation and interview with the resident on September 1, 2010, at 8:10 a.m., of the resident's room revealed the resident had not changed position or attemphed to eat the breakfast. Interview with the resident revealed the resident of the decided process to the process of the decided process o			*****	- 1			
EBANON HEALTH AND REHABILITATION CENTER SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (PARCOLATORY OR 1.5 (DENTIFYMO INFORMATION) F 319 Continued From page 1 PROVIDER'S PLAN OF CORRECTION (PARCOLATORY OR 1.5 (DENTIFYMO INFORMATION) Medical record review of the physician's orders from admission on August 27, 2010, to September 1, 2010, revealed no orders for psychiatric services to evaluate and treat the resident. Observation on August 31, 2010, at 2:00 p.m., of the resident's room revealed the resident stilling up in the wheel chair with the shoulders stumped, looking at the floor, had a sight body tremor, and the resident revealed the resident stilling up in the bed with the breakfast tray setup and on the over the bed table in front of the resident's room, revealed the resident stilling up in the bed with the breakfast tray setup and on the over the bed table in front of the resident, with the food untouched, and with the resident staring at the wall. Observation and interview with the resident on September 1, 2010, at 8:10 a.m., of the resident's room revealed the resident than on the over the bed table in front of the resident staring at the wall. Observation on difference or the physician's orders for psychiatric consult on all place to ensure that the alleged deficient practices does not recur included. The Director of Nurses and the Staff Development Nurse in-serviced all licensed nurses to obtain a physician storage or psychiatric consult on all sight or obtain a physician storage or the psychiatric consult on all sight or obtain a physician start the alleged deficient practices does not recur included. The Director of Nurses and the Staff Development Nurse in-serviced all licensed nurses to obtain a physician or obtain a physician start to p	*****		445288	10.11.	' - <u> </u>	09/	01/2010
SUMMARY STATEMENT OF DEFICIENCIES PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY WINST are practiced by FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 319 Continued From page 1 Medical record review of the physician's orders from admission on August 27, 2010, to September 1, 2010, revealed no orders for psychiatric services to evaluate and treat the resident. Observation on August 31, 2010, at 2:00 p.m., of the resident's room revealed the resident sound asleep and did not easity arouse when spoken to. Observation on August 31, 2010, at 4:00 p.m., in the day area near the nurse's desk, revealed the resident sitting up in the wheel chair with the shoulders slumped, looking at the floor, had a slight body tremor, and the resident responded only when spoken to but took approximately one minute to respond when asked a question. Observation on September 1, 2010, at 8:00 a.m., of the resident's room, revealed the resident staring at the wall. Observation and interview with the resident, with the food untouched, and with the resident, with the food untouched, and with the resident staring at the wall. Observation and interview with the resident had not changed position or attempted to eat the breakfast. Interview with the resident revealed "life's not worth filing" Confinued interview revealed the resident resident revealed the resident received medication to help with the sad		_	ABILITATION CENTER		731 CASTLE HEIGHTS COURT	IP CODE	
Medical record review of the physician's orders from admission on August 27, 2010, to September 1, 2010, revealed no orders for psychiatric services to evaluate and treat the resident. Observation on August 31, 2010, at 2:00 p.m., of the resident's room revealed the resident sound asleep and did not easily arouse when spoken to. Observation, on August 31, 2010, at 4:00 p.m., in the day area near the nurse's desk, revealed the resident sitting up in the wheel chair with the shoulders slumped, looking at the floor, had a slight body tremor, and the resident responded only when spoken to but took approximately one minute to respond when asked a question. Observation on September 1, 2010, at 8:00 a.m., of the resident, with the food untouched, and with the resident, with the food untouched, and with the resident staring at the wall. Observation and interview with the resident on September 1, 2010, at 8:10 a.m., of the resident's room revealed the resident had not changed position or attempted to eat the breakfast. Interview with the resident reviewed monthly by the Quality Assurance committee meeting. Compliance of this system will be reviewed monthly by the Quality Assurance committee meeting. Compliance of this system will be reviewed monthly by the Quality Assurance committee consisting of the Medical Director. Administrator for rot Nursing, Staff Development of Nursing, Staff Development or Nursing staff on a psychiatric consult on all residents that displays mental or psychosocial adjustment difficulties on 09/15/2010. The Social Service Director or designee will review look of all new admission charts to ensure the review look of all new admission charts to ensure the admission charts to ensure the review look of all new admission charts to ensure the review look of all new admission charts to ensure the review look of all review looks, revealed the re	PREFIX	; (EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO	THE APPROPRIATE	(X8) COMPLETION DATE
tear in the right eye. Interview on September 1, 2010, at 8:25 a.m., in		Medical record revial from admission on a September 1, 2010, psychiatric services resident. Observation on Aughthe resident's room asleep and did not a September 1, 2010, and the resident sitting up in shoulders slumped, slight body tremor, a only when spoken to minute to respond when the resident's room sitting up in the bed wand on the over the tresident, with the fooresident staring at the Cobservation and interesident staring at the community of the resident staring at the resident revealed the responsition or attempted interview with the resident received medical model and "helped so ear in the right eye."	aw of the physician's orders August 27, 2010, to revealed no orders for to evaluate and treat the ust 31, 2010, at 2:00 p.m., of revealed the resident sound easily arouse when spoken to. Let 31, 2010, at 4:00 p.m., in a nurse's desk, revealed the the wheel chair with the looking at the floor, had a not the resident responded but took approximately one hen asked a question. Lember 1, 2010, at 8:00 a.m., or revealed the resident with the breakfast tray setup bed table in front of the duntouched, and with the ewall. Leview with the resident on at 8:10 a.m., of the resident's sident had not changed to eat the breakfast. I dent revealed "life's not dinterview revealed the fication to help with the sad me" and the resident had a	F 31	Measures put in place to en alleged deficient practices of include: The Director of Nurses and the Development Nurse in-service nurses to obtain a physicians psychiatric consult on all resismental or psychosocial adjust 09/15/2010. The Social Service Director of review 100% of all new admingensure all residents who displeys sychosocial adjustment difficult appropriate treatment and services assessed problem five times a weeks, weekly times one monthree months, and then quarter. The Corrective action will be ensure the alleged deficient precur: The data collected from the aux to the Administrator for tracking be presented at the Quality Assismeeting. Compliance of this syreviewed monthly by the Qualificommittee consisting of the Me Administrator, Director of Nurse Development Coordinator, Med Dietary Manager, Rehab Manag Management Director, Pharmac Maintenance Supervisor, Social Act ivies Director, and Houseke Subsequent plans of correction and implanted as needed.	the Staff ced all licensed order for a idents that displays stment difficulties on or designee will ission charts to lays mental or culties received vices to correct the a week times for four ath, monthly times rity thereafter. a monitored to oractice will not dits will be given and trending to surance Committee ystem will be try Assurance edical Director, sing, Staff dical Records, ger, Resident Care cist Consultant, I Service Director, ceping Supervisor, will be developed	

(SW) and the Director of Nursing (DON).

615 444 4393	LEBANON HEALTH & REHAB CENTER	03 ^{, c} 1:33 p.m.	09-20-2010	5/17
***			PRINTED: 09/0	2/2010
			FORM APP	ROVED
EPARTMENT OF HEALTH AND H	IUMAN SERVICES		OMB NO. 093	8-0391
EPARTMENT OF HEACTTON MEDICARE & MEDICARE & MEDICARE	ICAID SERVICES		(X3) DATE SURVE	γ
ENTERS FOR WEDIONICA WAS	(X2) MULTIPLE CONSTRUCTE	UN	COMPLETED	

COMPLETED (X2) MULTIPLE CONSTRUC (X1) PROVIDER/SUPPLIER/CLIA ATEMENT OF DEFICIENCIES IDENTIFICATION NUMBER: A. BUILDING D PLAN OF CORRECTION 09/01/2010 B. WING 445268

AME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE 731 CASTLE HEIGHTS COURT LEBANON, TN 37087

LEBANON HEALTH AND REHABILITATION CENTER

PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (X5) COMPLETION DATE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX (X4) ID TAG DEFICIENCY PRÉFIX TAG F 319

F 319 Continued From page 2

confirmed the resident did not have a physician's order to be evaluated and treated by the Psychologist. Continued interview revealed the DON would obtain a physician's order to have the resident evaluated by the psychologist.

Interview on September 1, 2010, at 9:45 a.m., at the nurse's desk with the SW revealed the SW had just visited with the resident and the SW was concerned about the medications the resident received and the resident's alertness due to length of time to respond to questions. Continued interview confirmed the resident required evaluation by the psychologist. 483.30(e) POSTED NURSE STAFFING

INFORMATION SS=D The facility must post the following information on

a daily basis: o Facility name.

F 356

- o The current date.
- o The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift:
 - Registered nurses.
- Licensed practical nurses or licensed vocational nurses (as defined under State law).
 - Certified nurse aides.
- o Resident census.

The facility must post the nurse staffing data specified above on a daily basis at the beginning of each shift. Data must be posted as follows: o Clear and readable format.

- o in a prominent place readily accessible to residents and visitors.

The facility must, upon oral or written request,

F 356

F356

The facility will post the Direct Care Daily Staffing in an area easily accessible to the public to review as required by the State.

The following corrective actions have been taken:

On August 31st 2010 the Direct Care Daily Staffing was posted at the nurses station where it is readily accessible to the public.

Measures put in place to ensure that the alleged deficient practices does not recur include:

The Human Resource Coordinator and the weekend nurse in charge was in serviced on August 31st 2010 to post the Direct Care Daily Staffing daily with the information required by the state in a place readily accessible to the public.

The Staff Development Nurse will monitor to ensure compliance five times a week for four weeks, weekly times one month, monthly times three months, and then quarterly thereafter.

03^{. ლი}:00 p.m.

09-20-2010

6/17

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT	OF DEFICIENCIES	(XI) PROVIDER/SUPPLIER/CLIA	(X2) MULTI	PLE CONSTRUCTION	(X3) DATE SU COMPLE	
ND PLAN OF	CORRECTION	DENTIFICATION HOMBER.	A. BUILDIN	G		
		445288	B. WING _		09/0	1/2010
	ROVIDER OR SUPPLIER N HEALTH AND REH	ABILITATION CENTER	7	REET ADDRESS, CITY, STATE, ZIP CODE 31 CASTLE HEIGHTS COURT EBANON, TN 37087		
(X4) ID PREFIX TAG	CACO DESIGNEDOS	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL / SC IDENTIFYING INFORMATION)	IO PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 356	for review at a cost standard. The facility must me staffing data for a content of the facility must me staffing data for a content of the facility must me staffing data for a content of the facility of th	g data available to the public not to exceed the community aintain the posted daily nurse minimum of 18 months, or as aw, whichever is greater. NT is not met as evidenced tion and interview the facility lirect Care Daily Staffing in an ible. Jed: In nursing floor on August 30, tour and observation on rorn 7:10 a.m. through 7:45 posting of the Direct Care Daily Staff Development Coordinator 0, at 7:55 a.m., in the confirmed the Direct Care Daily osted but was kept in a	F 356	The Corrective action will be monite ensure the alleged deficient practice recur: The data collected from the audits will to the Administrator for tracking and the presented at the Quality Assurance meeting. Compliance of this system with reviewed monthly by the Quality Assurance ommittee consisting of the Medical Development Coordinator, Medical Redictary Manager, Rehab Manager, Resident Management Director, Pharmacist Corrections of New Subsequent plans of correction will be and implanted as needed. Completion Date: 09/03/2010	be given rending to Committee rill be rance birector, aff scoords, sident Care isultant, e Director, Supervisor.	
F 431 SS=D		DRUG RECORDS, RUGS & BIOLOGICALS mploy or obtain the services of	F 431			
	a licensed pharma	cist who establishes a system pt and disposition of all sufficient detail to enable an				

LEBANON HEALTH £ REHAB CENTER

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE S COMPL	
	445268	B. WING		09/0	01/2010
NAME OF PROVIDER OR SUPPLIER LEBANON HEALTH AND REH	ABILITATION CENTER	s	TREET ADDRESS, CITY, STATE, ZI 731 CASTLE HEIGHTS COURT LEBANON, TN 37087		
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) CCMPLETION DATE
records are in order controlled drugs is a reconciled. Drugs and biological labeled in accordant professional princip appropriate accessinstructions, and the applicable. In accordance with facility must store at locked compartment controls, and permit have access to the The facility must propermanently affixed controlled drugs listed Comprehensive Drug Control Act of 1976 abuse, except when package drug distribed quantity stored is mit be readily detected. This REQUIREMEN by: Based on observation and interview, the face	tion; and determines that drug rand that an account of all maintained and periodically als used in the facility must be need with currently accepted ales, and include the ory and cautionary explration date when the state and Federal laws, the all drugs and biologicals in ats under proper temperature to only authorized personnel to keys. Devide separately locked, compartments for storage of ead in Schedule II of the aga Abuse Prevention and and other drugs subject to the facility uses single unit button systems in which the inimal and a missing dose can all of the storage of each of the facility are subject to the facility dose single unit outloom systems in which the inimal and a missing dose can all of the storage of facility records, cility failed to maintain a safe medications in one of one	F 43	The facility will store all dru locked compartments under a controls, and permits only auto have access to the keys. The following corrective actaken: The Maintenance Supervisor temperature knob on the refri medication room until it reactemperature above 36 degrees 2010. The Famotine medication was replaced on September 1st, 200. Residents with the potential the alleged deficient practice. The Director of Nurses and St Nurse did a complete 100% at medication in the refrigerator been affected by the temperature bas suggested temperature by the confidence of the proper storage of biological in the medication room September 15th 2010.	adjusted the gerator in the hed proper s on September 1 st , s destroyed and 10. to be affected by a will be identified: aff Development addit of all the that could have that could have that could have the that could have the sed on the drug manufacture. ure that the es not recur	

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUIL	LTIPLE CONSTRUCTION DING	(X3) DATE S COMPL	
		445268	B. WING	·	- 00//	01/2010
	SUMMARY STA	ABILITATION CENTER TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	TREET ADDRESS, CITY, STATE, ZIP 731 CASTLE HEIGHTS COURT LEBANON, TN 37087 PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T OEFICIENC'	CODE CORRECTION ION SHOULD BE HE APPROPRIATE	(XS) COMPLETION DATE
F 502 SS=D	the medication roor Nurse (LPN) #1 rev refrigerator was 28 Observation on Ser a.m., with LPN #1 is revealed the tempe 26 degrees Farenho of famotine (pepcid-milligrams stored in "store between 36 Review of the facility TemperaturesAut August 1, 2, 8, 17, 1 the temperature was received famotine farenheit. Interview on Septem with LPN #1 in the modications. 483.75(j)(1) PROVID SVC-QUALITY/TIME The facility must proviservices to meet the facility is responsible of the services. This REQUIREMENT by: Based on medical receives	gust 31, 2010, at 1:30 p.m., in m, with Licensed Practical realed the temperature in the degrees Farenheit. In the medication room, rature in the refrigerator was reit. Observation of three vials estomach acid reducer) 10 the refrigerator revealed in 45 degrees Farenheit" If a second of Refrigeration graphs are revealed on graphs and graphs are recorded as 32 degrees recorded as 32 degrees recorded as 31 degrees and graphs and graphs are refrigerator was below the graphs of 36 degrees to store the graphs.	F 43	medication room refrigerator will notify the Director of Nurtemperature drops below 36 d. The Staff Development Nurse ensure compliance five times a weeks, weekly times one monthree months, and then quarter. The Corrective action will be ensure the alleged deficient precur: The data collected from the auto the Administrator for tracking be presented at the Quality Assemeeting. Compliance of this streviewed monthly by the Qualicommittee consisting of the Me Administrator, Director of Nursevelopment Coordinator, Med Dietary Manager, Rehab Management Director, Pharmac Maintenance Supervisor, Social Act ivies Director, and Houseke Subsequent plans of correction and implanted as needed. Completion Date: 09/15/2010	daily. The nurses reses if the egrees. will monitor to a week for four th, monthly times thy thereafter. It monitored to bractice will not dits will be given ing and trending to burance Committee thy Assurance coiteal Director, sing, Staff dical Records, ger, Resident Carecist Consultant, I Service Director, seping Supervisor, will be developed in luboratory residents. The difficults of timeliness of	

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

615 444 4393

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			COMPLETED	
		445268	B. WI	1G _		09/0	1/2010
	ROVIDER OR SUPPLIER	ABILITATION CENTER		7:	REET AODRESS, CITY, STATE, ZIP CODE 31 CASTLE HEIGHTS COURT LEBANON, TN 37087	<u></u>	···
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	COMPLETION DATE
F 502	fourteen residents The findings included Resident #9 was a 10, 2010, with diagonal Renal Disease, From Tract Infection, Resident Anemia. Medical record revidated August 10, 2 (antibiotic) 1 gm (gramma) (antibiotic) 2 gm (gramma) (antibiotic) 3 gm (gramma) (antibiotic) 3 gm (gramma) (antibiotic) 4 gm (gramma) (antibi	men for one resident (#9) of reviewed. ed: dmitted to the facility on August moses including End Stage actured Neck of Femur, Urinary nal Dialysis Status, and iew of the Admission Orders (010 revealed "Rocephin ram) IV (intravenous) x (times) ry tract infection)" iew of the Medication cord revealed the resident 1 gm IV from August 11-17, iew of a Physician's Telephone of 22, 2010, revealed "DC ophin 1 g (gram) IVDo UA coulture and sensitivity) in 3	F	502	The test specimen for Resident #9 we on August 31# 2010, and sent to the Resident #9 was discharges on 9/06/2. Residents with the potential to be a the alleged deficient practice will be On September 3" 2010, the Director and the Staff Development Nurse con 100% chart audit of all active resider facility to identify residents that had orders for laboratory services were of additional residents were identified to physician orders for laboratory services unattained. Measures put in place to ensure the alleged deficient practices does not include: The Director of Nurses and the Staff Development Coordinator in serviced nurses on how to process physician of laboratory services following our policy services following our policy on 11-7 daily or 15th 2010. The Director of Nurses in serviced the nurses on how to do a 24-hour chart of following our policy on 11-7 daily or 15th 2010. The Resident Care Management Director will physician orders to ensure laboratory orders were processed per policy. The Director of Nurses will print the which is a report of all of the labs obtifacility, to compare with the laborator ensure 100% completence for live time for three months and quarterly theresident for three months and quarterly theresident in the service of three months and quarterly theresident in the service of the same for three months and quarterly theresident for the service of three months and quarterly theresident for three months and quarterly theresident in the service of the service of three months and quarterly theresident for the service of the service of the service of three months and quarterly theresident for three months and quarterly theresident for three months and quarterly theresident for the service of th	laboratory. 2010. affected by the identified: of Nurses impleted a to the physician obtained. No: to have the trecur diall licensed orders for the first on the physician obtained. No: the trecur diall licenses the trecur	

PRINTED: 09/02/2010

CENTERS FOR MEDICARE & MEDICAID SERVICES (XI) PROVIDED INTERPRETATION NUMBER 445288 WAND STREET ADDRESS, GITY, STATE, JIP CODE 731 CASTLE HEIGHTS COUNT LEBANON HEALTH AND REHABILITATION CENTER POINT SUMMARY STATEMENT OF DEFICIENCIES PRIFTIX TAG F 502 Continued From pags 6 collect a test specimen for one resident (#9) of fourteen residents reviewed. The findings included: Resident #9 was admitted to the facility on August 10, 2010, with diagnoses including End Stage Renal Disease, Fractured Next of Fermur, Unlarry Tract Infection, Renal Dialysis Status, and Anemia. Medical record review of the Admission Orders dated August 10, 2010 revealed "Rocephin (antibiote) 1 gm (gram) IV (intravenous) x (limes) 7 days., UTI (unlarry tract infection)	DEPART	MENT OF HEALTH	AND HUMAN SERVICES					0938-0391
NO PLAN OF CORRECTION A SULDING B STREET ADDRESS, CITY, STATE, ZIP CODE 731 CASTLE HEIGHTS COURT LEBANON, TN 37087 LEBANON, TN 37087 LEBANON, TO 37087 F 502 Continued From page 6 collect a test specimen for one resident (#9) of fourteen residents reviewed. The findings included: Resident #9 was admitted to the facility on August 10, 2010, with diagnoses including End Stage Renal Disease, Fractured Neck of Fernur, Urinary Tract Infection, Renal Dialysis Status, and Ameriia. Medical record review of the Admission Orders dated August 10, 2010 revealed "Rocephin (antibiotic) 1 gm (gram) W (intravenous) x (times) 7 daysUTI (urinary tract infection)" Medical record review of the Medication Administration Record revealed the resident received Rocephin 1 gm (gram) W (intravenous) x (times) 7 daysUTI (urinary tract infection)" Medical record review of a Physician's 7 days (August 22, 2010, revealed "DC (discontinue) Rocephin 1 g (gram) IVDo UA (urinalysis) C & S (culture and sensitivity) in 3 days (August 25, 2010) Interview on August 31, 2010, at 3:10 p.m., with the Director of Nursing, in the conference room, confirmed the facility did not follow the Physician's order dated August 22, 2010, and send the test specimen to	CENTER	S FOR MEDICARE	IVAN BOOVICER/SUPPLIENGLIA	(X2) N	ULTIP	LE CONSTRUCTION	(X3) DATE SU	IRVEY
STREET ADDRESS, CITY, STATE, ZIP CODE TO LEBANON HEALTH AND REHABILITATION CENTER STREET ADDRESS, CITY, STATE, ZIP CODE TO LEBANON HEALTH AND REHABILITATION CENTER STREET ADDRESS, CITY, STATE, ZIP CODE TO LEBANON, TN 37087 LEBANON, TN 370	ND PLAN OF	CORRECTION	IDENTIFICATION NUMBER	A SU	LDING	3	30	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
STREET ADDRESS, CITY, STATE, ZIP CODE T31 CASTLE HEIGHTS COURT T24 CASTLE HEIGHTS COURT T25 CA			44428\$	B. Wi	NG		09/0	1/2010
CAPTO SUMMARY STATEMENT OF DEFICIENCIES SUMMARY STATEMENT OF DEFICIENCIES SUMMARY STATEMENT OF DEFICIENCIES PROVIDERS PLAN OF CORRECTION (EACH DEFICIENCY WAST 66 PRECEDED BY PULL (EACH DEFICIENCY OR LSC IDENTIFYING INFORMATION) PREFIX TAG PROVIDERS PLAN OF CORRECTION (EACH DEFICIENCY OR LSC IDENTIFYING INFORMATION) PREFIX TAG PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE CAMPETER CONTINUED IN CAMPETER CONTIN		TO AD CURRENT	443200		STR	EET ADDRESS, CITY, STATE, ZIP CODE	:	- ' '
SUMMARY STATEMENT OF DEFCIENCES TO THE PROVIDED PRETY IN CRACH CORRECTION ACTION SHOULD BE CROSS-REFERENCES OT THE APPROPRIATE CONTROL OF THE PROPRIATE CANTE OF THE PROPRIATE CONTROL OF THE PROPRIATE CANTE OF THE PROPRIATE CONTROL OF THE PROPRIAT			LAGISTATION CENTER					
XA-10 RACH CORRECTIVE ACTON SHOULD SET ONLY (EACH CORRECTIVE ACTON SHOULD SATE CROSS-REFERENCE) TO THE APPROPRIATE OF THE ACTON SHOULD SATE CROSS-REFERENCE TO THE ACTON SHOULD SATE CROSS-REFERENCE T	LEBANO		· · · · · · · · · · · · · · · · · · ·		,		ECTION	(X5)
Contented Froint page of collect a test specimen for one resident (#9) of fourteen residents reviewed. The findings included: Resident #9 was admitted to the facility on August 10, 2010, with diagnoses including End Stage Renal Disease, Fractured Neck of Femur, Urinary Tract Infection, Renal Dialysis Status, and Anemia. Medical record review of the Admission Orders dated August 10, 2010 revealed "Rocephin (antibiotic) 1 gm (gram) IV (intravenous) x (limes) 7 daysUTI (urinary tract infection)" Medical record review of the Medication Administration Record revealed the resident received Rocephin 1 gm IV from August 11-17, 2010. Medical record review of a Physician's Telephone Order dated August 22, 2010, revealed "DC (discontinue) Rocephin 1 g (gram) IVDo UA (urinalysis) C & S (culture and sensitivity) in 3 days (August 25, 2010)" Interview on August 31, 2010, at 3:10 p.m., with the Director of Nursing, in the conference room, confirmed the facility did not follow the Physician's order dated August 22, 2010, poselied the urinalysis, culture and sensitivity specimen on August 52, 2010, and send the test specimen to	PREFIX	・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・	O MILIOT DE PRELEDED DE FULL	PRE	NX	(EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF	HOULD BE	COMPLETION
Medical record review of a Physician's Telephone Order dated August 22, 2010, revealed "DC (discontinue) Rocephin 1 g (gram) IVDo UA (urinalysis) C & S (culture and sensitivity) in 3 days (August 25, 2010)" Interview on August 31, 2010, at 3:10 p.m., with the Director of Nursing, in the conference room, confirmed the facility did not follow the Physician's order dated August 22, 2010, to collect the urinalysis, culture and sensitivity specimen on August 25, 2010, and send the test specimen to		Continued From page 6 collect a test specimen for one resident (#9) of fourteen residents reviewed. The findings included: Resident #9 was admitted to the facility on August 10, 2010, with diagnoses including End Stage Renal Disease, Fractured Neck of Femur, Urinary Tract Infection, Renal Dialysis Status, and Anemia. Medical record review of the Admission Orders dated August 10, 2010 revealed "Rocephln (antibiotic) 1 gm (gram) IV (intravenous) x (times) 7 daysUTI (urinary tract infection)"		at y		The Corrective action will be monitored to ensure the alleged deficient practice will not recur: The data collected from the audits will be given to the Administrator for tracking and trending to be presented at the Quality Assurance Committee meeting. Compliance of this system will be reviewed monthly by the Quality Assurance committee consisting of the Medical Director, Administrator, Director of Nursing, Staff Development Coordinator, Medical Records, Dietary Manager, Rehab Manager, Resident Care Management Director, Pharmacist Consultant, Maintenance Supervisor, Social Service Director Act ivies Director, and Housekeeping Supervisor Subsequent plans of correction will be developed and implanted as needed.		
		Medical record re Order dated Augu (discontinue) Roo (urinalysis) C & S days (August 25, Interview on Augu the Director of Nu confirmed the fac order dated Augu urinalysis, culture August 25, 2010,	ist 22, 2010, revealed "Do lephin 1 g (gram) IVDo UA (culture and sensitivity) in 3 2010)" Let 31, 2010, at 3:10 p.m., with ursing, in the conference room, ility did not follow the Physician's let 22, 2010, to collect the leant sensitivity specimen on					